4 Licensing and Postgraduate Training Authorization Letter (PTAL) Support

Consumer Info Unit (CIU)

MBC Info Systems Branch (ISB)

GME Outreach
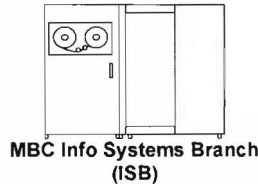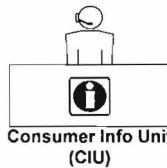
MBC Web Site

MBC functions that support PTAL and licensing processing and the renewal process include the Consumer Information Unit (CIU), Information Systems Branch (ISB), Graduate Medical Education (GME) Outreach and the MBC Web site that is maintained by ISB.

4.1 Consumer Information Unit (CIU)[16]

The Consumer Information Unit (CIU) provides telephone support to medical professionals and health care consumers for MBC-related inquiries such as application questions, license verification and complaints. It is considered part of the Licensing and Renewal processes since applicants call the CIU with various license application and renewal questions, the most common being the status of the application. One of the biggest challenges that the CIU faces is meeting the needs of a diverse set of callers –

- Medical professionals
- Health care consumers
- Individuals with limited time
- Individuals seeking specific information
- Individuals not knowing what they want
- Individuals who want to talk, but the issue is unrelated to any MBC function.

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[16] This information was taken directly from a CIU/Web Center Overview provided by Doug Hume of MBC's CIU staff to the BPR Study Team in early September 2009.

In September 2009, CIU Staff totaled one manager and six FTE staff including one vacancy. In November 2009, CIU Staff totaled one manager, five FTE (including one vacancy) and one Student Assistant. One FTE staff position was converted to an IT classification and functions as the Web Center Administrator.

Monthly Status Reports from January 2009 through July 2009 indicated the CIU receives between 10,000 and 14,000 calls per month[17]. During the three-month period of August 2009 and October 2009, calls identified as application questions totaled between 2,000 and 2,900 per month, one of the top two types of calls ("Other" is the other most common type of call). For the same period, renewal questions totaled between 900 and 1,250 calls per month[18].

The CIU uses a computerized client-server based phone system called the Web Center. This product was purchased from Verizon and was implemented at MBC in December 2008. Prior to December 2008, the CIU used a bank of phones with a message box that held 50 calls. CIU staff would have shifts to return calls.

Additional information can be found in Section 9.1.9, page 148.

Observations - CIU

1. *The implementation of Web Center in December 2008 is a tremendous overall improvement from the prior phone system* - Improvements include better CIU resource management and call routing, increased data collection, availability of statistical reporting and enhanced caller experience.

2. *Training materials have been developed by the Web Center Administrator and include a multi-day training session* - These training materials are used as Policies and Procedures. Documented policies and procedures ensure

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[17] SOURCE: Total Segments Received from the Workgroup Segments – Call Center Workgroup Status Report and includes answered, abandoned, callback and calls not answered.
[18] SOURCE: Outcome Statistic Report – Call Center Outcome Statistics

standard processes are identified, consistent information is provided and backup training is facilitated.

3. _Turnover rates for CIU staffing are high_ - In 2008, there was 100% turnover of CIU Office Technician (OT) staff. In July 2009 there was one Manager (Office Services Supervisor II (OSS II)) and six (6) OTs. Between July 2009 and December 2009, turnover has been 85% (only one OT out of six remained). Currently, there are 1 Manager (OSS II) and 5 OTs (1 vacant), 1 Student Assistant (SA) and 1 Web Administrator. No specific cause was identified for the high turnover rate. High turnover rates provide several management challenges. It was indicated during BPR Study interviews that the CIU may require a higher classification level than an Office Technician (OT) and this may decrease turnover rates.

4. _The call tree was revised based on meeting with Licensing Chief and Executive Director the week of November 23rd_ - The revisions are intended to enhance caller experience by improving caller options and routing. Call flows should be regularly monitored to ensure the needs of different caller types are met.

5. _Monthly CIU statistics from Web Center are available and can be used to identify issues and possible improvements_ – Regular review and analysis of Web Center statistics and CIU outcome codes summary could identify issues, resulting in changes that increase the quality of the services provided by the CIU. Outcomes codes should be designed to identify issues and possible improvements. The changes could be outside the CIU such as Web site updates, changes to application, or internal policies and procedures.

6. _Between August 2009 and October 2009, the CIU outcome code "Applicant Application questions" totaled between 25% and 33% of all monitored outcome codes (between 2000 and 3000 calls per month)_ - The

implementation of the Web Applicant Access System (WAAS) project is expected to show a long-term decrease in calls related to application status checks. Historically after implementations like the WAAS project, there may be a short-term increase if the users have issues, information is incorrect or not presented clearly.

A new outcome code called "Application Status Check" was implemented on November 9th to isolate application status calls from the general category of "Applicant Application Questions". Additional WAAS-related outcome codes implemented include:

- WAAS - General Questions
- WAAS – Web site Support
- WAAS – ATS Number request
- WAAS - Discrepancies

Variances to "Applicant Application questions", "Application Status Check" and the new WAAS outcome codes should be monitored closely and regularly to assess if changes are required in the WAAS project.

The BPR Study team worked with WAAS project staff to provide a brief report with project-specific recommendations prior to the WAAS implementation.

7. *Between August 2009 and October 2009, the CIU outcome code "other" was approximately 25% of all monitored outcome codes (between 2200 and 2300 calls* - "Other" is assigned by agents when there is no other applicable outcome code. As stated before, outcome codes should be designed to identify issues and possible improvements and the amount of calls in this category is large considering there are over 20 outcome codes.

8. *Call statistics are only collected for calls coming into Web Center* - No call statistics are currently collected for calls that go directly to the Executive Office or directly to the Review Staff. The implementation of the WAAS project is expected to show a long-term decrease in calls related to application status checks, but this can only currently be monitored for calls coming through the Web Center. Some type of call statistics may be available for these phone lines through DCA. Through observation and interviews, both the Executive Office and Review Staff receive a considerable amount of calls per day.

9. *The current name, "Consumer Information Unit", may unintentionally result in physicians and other non-consumers calling the Executive Office for assistance.*

4.2 MBC Information Systems Branch (ISB)

ISB provides technical support to the Licensing Program and serves as the liaison between DCA Office of Information Services (OIS) and the Licensing Program Staff for MBC-related changes. Other ISB responsibilities include maintenance and enhancements to the MBC Web site, data extraction and reporting on data from ATS and Consumer Affairs System (CAS). Organizationally, ISB reports to the MBC Deputy Director.

MBC ISB serves as the liaison between DCA Office of Information Services (OIS) and the Licensing Program Staff for MBC-related changes. DCA OIS is responsible for ATS and CAS maintenance and enhancements. These systems are used by the Boards and Bureaus under the DCA organization. DCA-OIS is developing an Agency-wide online application system, BREEZE2, that will meet MBC's application processing needs. It is scheduled for implementation December 2012.

Observations – MBC ISB

1. _There has been a significant increase in the use of ISB resources_ – Over the course of the BPR Study, the Licensing Program has leveraged the knowledge of the ISB staff to create and refine reporting using ATS data to streamline Licensing Program functions.

2. _Several new reports have recently been created to assist in performance and workload assessment_ - The BPR Study Team worked jointly with Licensing Program staff and ISB on the requirements and development of additional reports to assist the Licensing Program in metric development and workload assessment.

4.3 Graduate Medical Education (GME) Outreach

Graduate Medical Education (GME) Outreach supports the Licensing process by providing education and assistance to GME Program Coordinators and residents preparing to submit their license application. Organizationally, the GME Outreach Coordinator is assigned to the Executive Office, but works closely with the Licensing Program Chief and Review Staff.

It is estimated that 35% of the applications received are from residents actively enrolled in GME programs or planning to start training. With a significant amount of applicants coming from a common source, GME outreach is vital to reiterate policies, procedures, and information that will facilitate the application process for both the applicant and MBC. Additional goals for GME Outreach efforts are to increase the quality of the applications received, decrease the number of calls to the CIU and to the license review staff. This is most efficiently done through GME

Outreach efforts in group settings by identifying common issues and answering frequently asked questions.

The State of California has approximately 9,284 residents and fellows [19] in 850 (est.) Postgraduate Training (PGT) and specialty programs across 175 (est.) teaching hospitals and institutions. Of these 9,284 residents and fellows, it is estimated that 2,000 residents and fellows a year require licensure before July 1 in order to start or continue their postgraduate training. Many fellows are licensed in another state but require California licensure prior to starting their training. For US/CAN Medical School Graduates, licensure is required by the end of their 24th month of training. For IMGs, licensure is required by the end of their 36th month of training. [20] The difference in requirements is due to the additional time afforded to IMGs to familiarize themselves with the unique aspects in U.S. health care delivery systems.

MBC has historically shown a marked increase in applications received during the months of January through March (Q3 based on Fiscal Year July - June). This increase is attributed to residents seeking licensure by July 1.

The GME Outreach Coordinator represents MBC to GME Programs and provides a single point of contact and additional resource for GME Program Directors and Coordinators and residents enrolled in California-based PGT programs. The GME Outreach Coordinator conducts, participates in or provides:

- **Presentations at new resident orientations** – Occurring in June and July, these 20-minute presentations at the major teaching hospitals provide an overview of MBC, the Licensing Program and the resident's responsibilities.

- **Full-day Licensing Fairs** – Are conducted at teaching hospitals to provide assistance to residents who are completing license applications. During the full-day licensing fairs, the MBC GME Coordinator and the GME office make

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[19] Medical Education issue of JAMA Sept 23/30, 2009
[20] California Business & Professions Code § 2170 (US/CAN) § 2102 (IMG)

available on-site fingerprint services, a photographer, original document verification, one-on-one assistance, and copying services. The Licensing Fairs are conducted across the state and average two per month.

- **Licensing and Outreach Information Meetings** – Conducted on an as-needed basis, these provide information on general topics related to Licensing. The meetings target GME Directors and Coordinators, but the general public can attend. These types of meetings were conducted in October 2009, one in Oakland and one at UC Irvine. A total of 80 individuals (est.) attended these two meetings. Members of the BPR Study Team attended the Oakland Meeting.

- **Ongoing support to GME Programs** – Throughout the year, GME Program Coordinators will use the GME Outreach Coordinator as a resource for assistance, guidance and obtaining status of residents process toward licensure.

Starting last year, the GME Outreach Coordinator, together with the Licensing Program Chief, worked closely with the teaching hospitals to obtain a consolidated list of residents requiring licensure by July 1. From the consolidated list, MBC identified approximately 1,200 residents and fellows needing licensure. These applications received priority processing and their status was monitored and reported back to the teaching hospitals regularly. This effort assisted the teaching hospitals to ensure application processing was completed and a licensure decision was rendered before July 1. The data collection process was refined this year to include a standard file layout and enhanced instructions to facilitate the collection of data at MBC.

Observations – GME Outreach

1. *Outreach activities do not have quantitative metrics available to assess efficacy and confirm GME program needs are being met* – Current indicators of effective GME outreach are continued and successful working relationships with California's teaching hospitals, GME staff and residents.

Successful GME outreach could be correlated to an earlier submission of license applications or an increase in application quality, but metrics are not in place to fully assess the effectiveness of GME outreach activities. In the October 2009 Outreach meeting in Oakland, participants had several positive comments regarding MBC's GME outreach efforts. Observations by the BPR Study Team were consistent with these comments.

2. *AMA data may have information that MBC could use to identify residents and fellows currently enrolled in GME programs* - This data could be analyzed and provide additional value including potential licensee identification. Further discussion on the potential use of AMA data is provided in the Section 5.2 Postgraduate Training (PGT) Registration Form, page 92.

4.4 The MBC Web Site

The MBC Web site (www.mbc.ca.gov) is the primary communication portal between MBC and the public. Physicians, applicants and healthcare consumers use the Web site to obtain information on the multitude of services that MBC provides. The Web site contains information on applications, license verification, complaint information and MBC activities. It supports the Licensing and Renewal processes by providing information, resources, forms related to these processes and provides the Web site user several avenues to contact MBC for additional information. The Web site was reviewed only as it relates to PTAL, licensing and renewal processing. The Licensing Program is responsible for maintaining the PTAL and License Web site information. Licensing Operations is responsible for the renewal Web site information.

The homepage is shown in the figure below.

Figure 12 - MBC Web Site Homepage
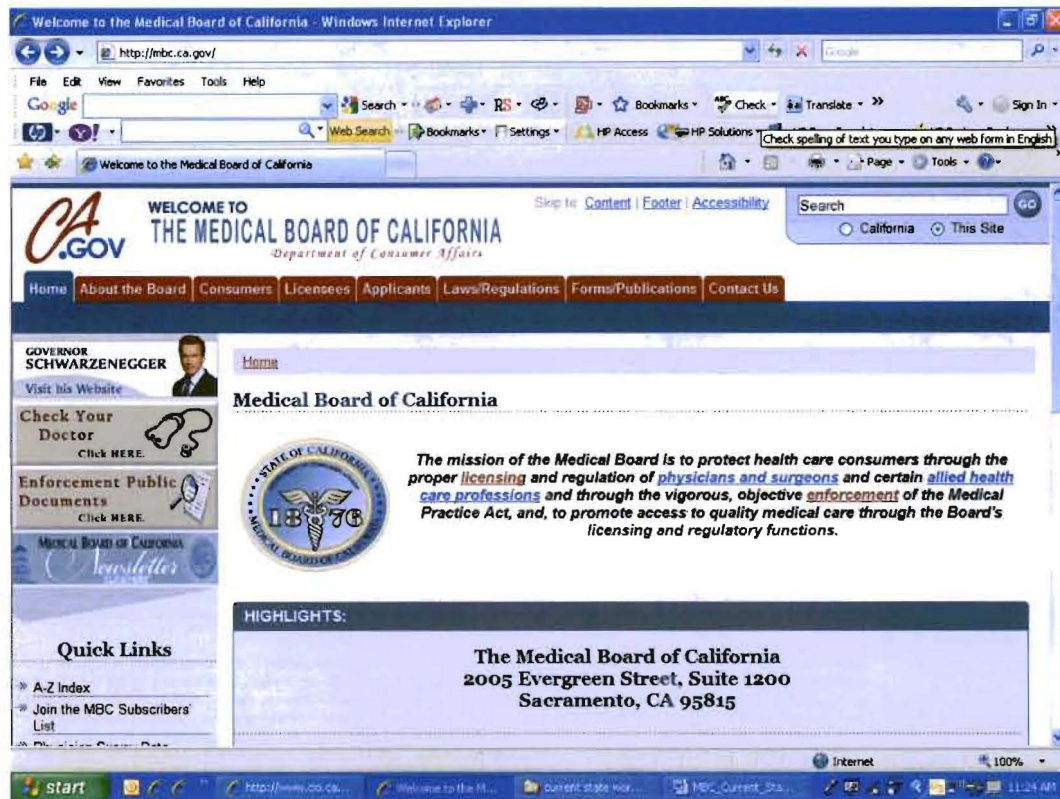
Organizationally, the Web site is the responsibility of ISB and is maintained and updated on an as needed basis. The State of California has Web site standards[21], but the BPR Study Team could not find any additional MBC-specific guidelines for updates. A form is required for Web site updates and submitted to the Web User group. The Web User group meets monthly or every other month to review completed Web site update forms. Cyclical reviews of Web site content do not appear to be conducted to ensure content is valid and current.

The figure below shows the applicant tab and the subtabs under the applicant tab. This area of the MBC Web site is most frequently used by licensure applicants. For IMGs seeking a PTAL, information is contained under the "Quick Links" area within the applicant tab, but is simply a link to the application and instructions.

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[21] http://www.cio.ca.gov/stateIT/pdf/IOUCA_Usability_Recommendation_Adopted_071406.pdf

Figure 13 - MBC Web Site Applicant Tab

Web Applicant Access System (WAAS)

A Web site enhancement under development during the BPR Study was the Web Applicant Access System (WAAS) project and was implemented on December 1, 2009. Implementation provides the ability to access license application status using the applicant's unique ID created in ATS. Implementation of this project is intended to increase the applicant's ability to independently perform license and PTAL application status inquiries and decrease the time that MBC staff (CIU and Licensing Program staff) spend responding to these types of inquiries. By decreasing the time Licensing Program staff spends responding to applicant status inquiries, more time is available to complete application processing and answer other types of calls in the CIU.

The following figure shows the Web pages displayed when an applicant accesses the WAAS application.

Figure 14 - WAAS Web Pages

Renewals

From the Licensee Tab from the main web page, the figure below shows the Renewal subtab.

Figure 15 - MBC Web Site Renewal Tab
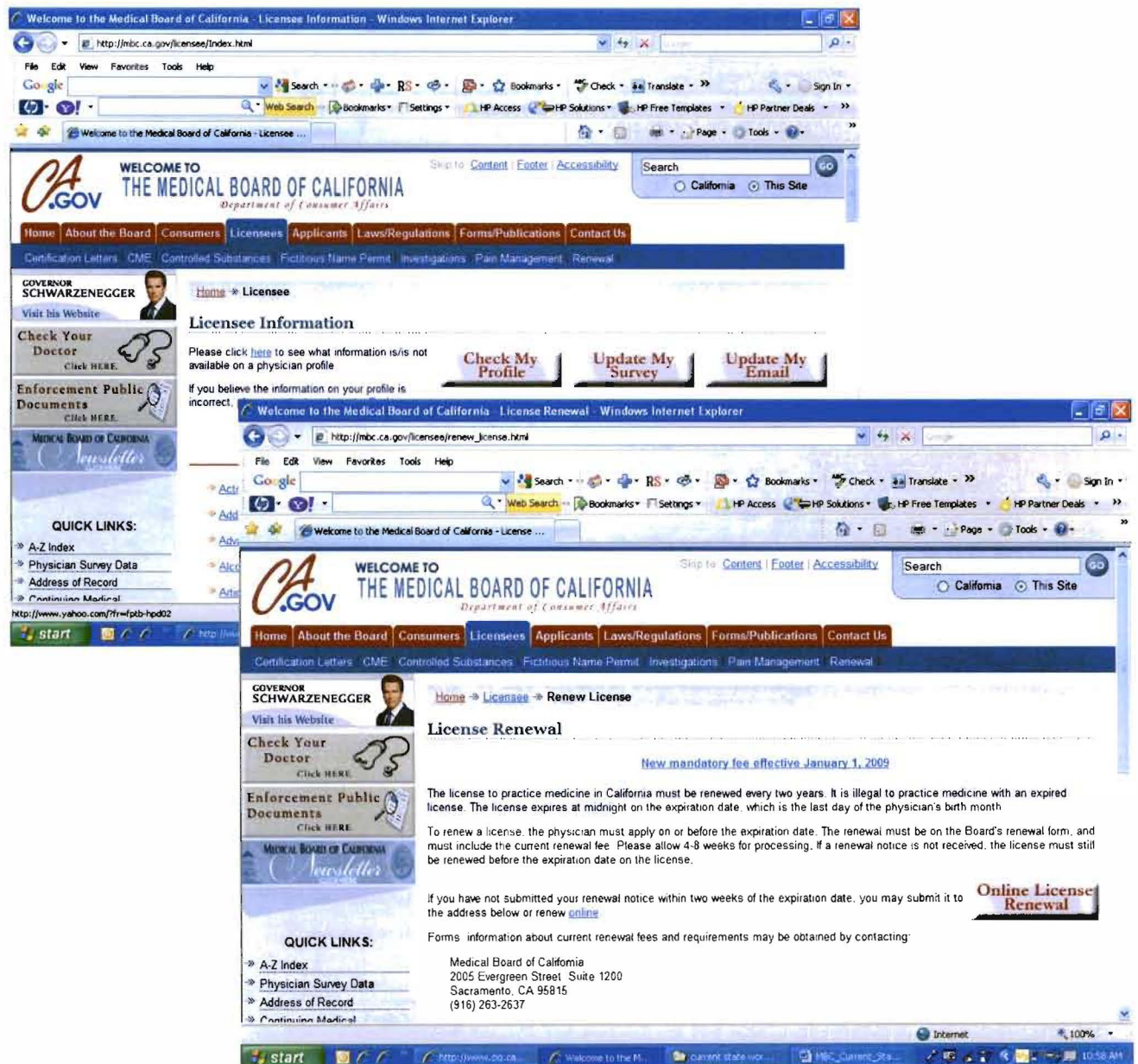
Webmaster

Web site users have the option to email the Webmaster from three locations:

- A general "email Webmaster" under Customer Service Options listed on the MBC home page

- In the "REQUEST A CALLBACK!" option under the Customer Service Options listed on the MBC home page if an individual would like to contact the Medical Board anonymously

- Under Web site management on the "Contact Us" tab.

Applicants and Licensees can also use the "REQUEST A CALLBACK!" option that emails the CIU and results in a phone call from the CIU. The information required requesting a callback does not have a field to identify what the nature of the request is; the caller has to wait until the CIU contacts the individual to provide additional information. If an applicant or licensee cannot find the information they are seeking on the Web site, their options are to email the webmaster, request a callback or call MBC or the CIU directly. There is currently not a live chat option available through the Web site. A live chat option is available through the Web Center, but would require an assessment of staff skills and additional effort to implement.

The Webmaster receives an average of 300 emails per month from the MBC Web Site. The email is checked at the beginning and throughout the business day. Approximately one-third of the emails come from applicants requesting an application package or fingerprint cards; these emails are forwarded to the CIU Webmaster who sends the requested information. The remaining 200 are regarding laws, regulations, statistical information, or complaints and are received from consumers, physicians and other interested parties. Emails are sent to the appropriate staff. More complex emails are answered by the Web site Webmaster such as scope of practice, training, and supervision requirements for residents.

Observations – MBC Web Site

1. *Limited PTAL information is available on the Web site* – For IMGs seeking a PTAL, the information is contained under the "Quick Links" area within the applicant tab, but is simply a link to the application and instructions. Information on PTALs is embedded in the application instructions, but no information was available on the Web site. It is assumed that IMGs either receive initial information on the PTAL requirements through the GME programs or call the CIU. Additional calls to the CIU may be logged under the outcome code "Applicant Application Questions", making it is difficult to assess PTAL-related calls to the CIU.

2. *Applicant tab on Web site requires format and content updates* – BPR Study Team analysis has concluded that the format and information provided for applicants most likely does not meet their needs. It provides more general licensing information in a narrative format. At the start of the BPR Study the information on the web page provided 2003 – 2004 licensing statistics, but has since been updated.

3. *The MBC Web site is updated as needed; Cyclical reviews do not occur to ensure content is current and user appropriate* - There are multiple MBC components that must be continually coordinated with current, clear, concise and consistent information including:

   - Application instructions
   - Web site content
   - Policies and Procedures (and Decision Log)
   - Outgoing communication

   If information in any of these components is vague, wordy or inconsistent with the other components, then there is a high probability of errors, delays in application processing, confusion and dissatisfaction.

Web site content should be regularly reviewed and updated to support the principle of clear, concise and consistent information and the alignment of the MBC components. Clear, concise and consistent language across the Web site will most likely reduce CIU calls and provide better quality in the applications received at MBC.

4. *Use of the term "Webmaster" on the MBC Web site is different than the generally accepted use of the term "Webmaster" and may cause confusion for Web site users* - "Webmaster" is normally used to describe the individual responsible for the technical aspects of a Web site including design, maintenance and enhancements. Web site users normally contact the Webmaster with Web site issues such as navigation problems or errors in Web site content. MBC's use of the "Webmaster" on the Web site is expanded to include all Web site user communication to MBC; this can include technical issues as well as information or application questions. This may cause confusion and result in additional calls to the CIU. Web sites often use a general mailbox (such as info@mbc.ca..gov) for users to send non-technical questions.